

ORIGINAL ARTICLE

TRACKING AND REFERRAL BY NURSES IN THE FAMILY HEALTH STRATEGY OF VIOLENCE CASES AGAINST WOMEN

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ABSTRACT

Objective: understand how the tracking and referral of cases of violence against women by nurses of the Family Health Strategy of the upstate Paraíba are carried out.

Method: a transversal, qualitative study, with the participation of seven nurses working in the Family Health Strategy, linked to the VI health district of the municipality of Campina Grande, Paraíba. The collection took place in September 2018 and a content analysis of Bardin was performed.

Results: three categories have emerged: I - Concepts of violence (29.3%); II - Tracking of violence cases (53.7%); III - Referral of violence cases (17.1%). The words "physical aggression", "woman's police station", "social worker", "psychological", "denounce", "remember", "suffer", "physical" were observed.

Conclusion: nurses understand violence and the gynecological consultation serves to identify cases. The research clarifies points of the fragility of health services that make it difficult to fight violence and demonstrate the need for team qualification.


DESCRIPTORS: Violence against Women; Gender Violence; Family Health Strategy; Nursing; Forensic Nursing.


HOW TO REFERENCE THIS ARTICLE:


Lima JCV de, Santos RC dos, Silva JC da, Silva R de SC da, Souto CMRM, Souto RQ, et al. Tracking and referral by nurses in the Family Health Strategy of violence cases against women. *Cogitare enferm.* [Internet]. 2020 [access "insert day, month and year"]; 25. Available at: <http://dx.doi.org/10.5380/ce.v25i0.65579>.





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RASTREIO E ENCAMINHAMENTO DE CASOS DE VIOLÊNCIA CONTRA A MULHER POR ENFERMEIRAS NA ESTRATÉGIA SAÚDE DA FAMÍLIA

RESUMO

Objetivo: compreender como se realiza o rastreamento e encaminhamento de casos de violência contra a mulher por enfermeiras da Estratégia de Saúde da Família do interior paraibano.

Método: estudo transversal, qualitativo, participando sete enfermeiras atuantes na Estratégia de Saúde da Família, vinculadas ao distrito sanitário VI de saúde do município de Campina Grande, Paraíba. A coleta ocorreu em setembro de 2018 e foi realizada análise de conteúdo de Bardin.

Resultados: emergiram três categorias: I - Conceitos de violência (29,3%); II - Rastreo de casos de violência (53,7%); III - Encaminhamento de casos de violência (17,1%). Observou-se as palavras "agressão física", "delegacia da mulher", "assistente social", "psicológico", "denunciar", "lembrar", "sofrer", "físico".

Conclusão: as enfermeiras compreendem a violência e a consulta ginecológica serve para identificar os casos. A pesquisa esclarece pontos de fragilidade dos serviços de saúde que dificultam o combate à violência e demonstram a necessidade da qualificação da equipe.

DESCRITORES: Violência contra a Mulher; Violência de Gênero; Estratégia Saúde da Família; Enfermagem; Enfermagem Forense.

RASTREO Y DERIVACIÓN DE CASOS DE VIOLENCIA CONTRA LA MUJER POR ENFERMERAS EN EL MARCO DE LA ESTRATEGIA DE SALUD DE LA FAMILIA

RESUMEN:

Objetivo: comprender cómo se realiza el rastreo y la derivación de casos de violencia contra la mujer por parte de enfermeras en el marco de la Estrategia de Salud de la Familia del interior del Estado de Paraíba.

Método: estudio transversal, cualitativo, en el que participaron siete enfermeras de la Estrategia de Salud de la Familia, vinculadas al distrito sanitario de salud VI del municipio de Campina Grande, Paraíba. La recolección de datos tuvo lugar en septiembre de 2018 y se realizó el análisis de contenido de Bardin.

Resultados: surgieron tres categorías: I - Conceptos de violencia (29,3%); II - Rastreo de casos de violencia (53,7%); III - Derivación de casos de violencia (17,1%). Se observó el uso de las palabras "agresión física", "comisaría de la mujer", "asistente social", "psicológico", "denunciar", "recordar", "sufrir", "físico".

Conclusión: las enfermeras comprenden la violencia y la consulta ginecológica sirve para identificar los casos. La investigación aclara puntos de fragilidad de los servicios de salud que dificultan el combate a la violencia y demuestran la necesidad de contar con equipo cualificado.

DESCRIPTORES: Violencia contra la Mujer; Violencia de Género; Estrategia de Salud de la Familia; Enfermería; Enfermería Forense.

INTRODUCTION

Since the early 1970s, violence against women (VAW) has gained attention and mobilization. The problem includes different forms of violence, whether physical, psychological, moral, sexual or patrimonial. Its occurrence presents a perspective based on gender inequality through the social construction of roles⁽¹⁻²⁾.

The VAW is defined as any act based on the female gender that causes death, irreversible physical, sexual or psychological harm to a woman. It is understood to be a concrete component of human rights violations, leading it to be characterized as a judicial and public health problem⁽³⁾.

Violence can create problems in the victim's psychic state and physical integrity. Thus, the most common ways observed by health professionals, especially when related to family health strategy, are body injuries, in muscles, bones, in the eye region, bites, in addition to behavioral problems such as forcible removal from home, demoralizing, dragging, suffering threats, use of slang words and diseases arising from forms of neglect. Such an act can generate complications both for the victim and for the family members who are inserted in that context by living in an environment disturbed with violence⁽⁴⁻⁵⁾.

Health professionals have significant importance in the identification of this condition since illness resulting from violence causes the victim to resort to health services. They, in turn, need to be prepared to offer a comprehensive service that encourages their empowerment, the breaking of the violence cycle and the minimization of the impacts caused by it. It is also up to them to know how the assistance network is articulated to conduct and carry out the correct referrals of the victim, in order to achieve the resolution of the problem⁽⁶⁾.

In situations of physical violence, there are conducts to be taken after the event, such as collecting traces, welcoming the victim, filling out the compulsory notification form and the report to be forwarded to the police authorities before the traces disappear. The care service must take care of humanization and respect for the victim's will, and the nurse must guide her. Family members should be engaged in the specialized services of the service so that the victim and family members feel safe and that integral attention can be provided⁽⁶⁻⁸⁾.

In this perspective, it is important that the FHS nurse has the ability to track and refer to cases of VAW. To this end, this study aimed to understand how the tracking and referral of VAW cases by FHS nurses from the upstate Paraíba are performed.

METHOD

It is a cross-sectional, descriptive and exploratory study with a qualitative approach. The research was developed in the VI health district of Campina Grande-PB, which has thirteen teams of the family health strategy, located in Malvinas, Rocha Cavalcante, Catolé De Boa Vista, Jardim Verdejante, Paus Brancos, and Três Irmãs.

The population was composed of thirteen nursing professionals working in the FHS of the aforementioned district and the sample was random, not probabilistic for convenience, totaling seven nurses.

Nurses who worked in the FHS linked to the VI health district of the municipality of Campina Grande-PB were included, and those who were away from work due to vacation, medical leave, maternity leave or who were not in the service after three unsuccessful visits to the unit's nurse were excluded.

Two collection instruments prepared by the researchers were used in order to meet

the proposed objectives. The first is a questionnaire containing questions related to the characterization of the sample and the second includes a semi-structured interview related to concepts, the exercise of nursing at the FHS and referrals in confirmed cases of VAW; the questions are described in Chart 1.

Chart 1 - Questions used in the study's data collection instrument. Campina Grande, PB, Brazil, 2018

1- What do you understand by violence against women? For you, what can be considered violence?
2- How is performed, in the unit, the tracking of cases of violence against women?
3- Could you describe to us which signs you observe in the evaluation of a woman that indicate violence?
3- Could you describe to us which signs you observe in the evaluation of a woman that may indicate violence? If so, can you tell us how the approach to and referral of women has been developed in the services, if not, can you tell us the reference points for referral in possible cases of violence against women?

Prior contact was made with the nurses working in the FHS of the VI health district and at that time, the invitation was made to contribute to the survey as participants of the sample. Then, data collection was scheduled according to the convenience of the date and time of the interviewee.

After the schedule, the researcher moved to the FHS where the professional works and she was invited to move to a quiet and private environment, at which time they were exposed to the objectives of the research, its benefits and academic contribution, as well as its possible risks.

The participants answered a sociodemographic questionnaire, an interview conducted by a script containing guiding questions, and voice recording, in MP3 format composing the empirical material collected for the investigation.

The data were transcribed and their text corpus was submitted to the IRAMUTEC program (*Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires*), a computer tool which provides different types of textual corpus analysis⁽⁹⁾. This study adopted the word cloud and the Descending Hierarchical Classification (DHC).

The word cloud is expressed in graphical form with key words present in the text by grouping the words according to their frequency of occurrence in the text⁽⁹⁾. As for the DHC, it is an analysis in the form of classes segmented from the text; from a statistical logic, it classifies and organizes the vocabularies with the same context, but each in its different classes. The cloud is a set of words organized in different sizes, which from a given statistical score, emphasizes the most striking words in the textual corpus, placing them with the largest font in the cloud's center⁽¹⁰⁾.

The formation of the classes made possible the formation of the analytical categories, so that the excerpts were analyzed in the light of the Content Analysis⁽¹¹⁾, which analyzes the empirical data based on the following axes: pre-analysis, analytical description, and inferential interpretation. The pre-analysis is the choice of documents chosen with objectivity and theoretical framework for the construction of the text. The analytical description is intended for in-depth exploration of the collected material and the inferential interpretation is based on classifying and organizing the elements collected, through differences and

similarities, following criteria in order to conclude the content⁽¹¹⁾.

This research was approved by the Research Ethics Committee of the Centro de Ensino Superior e Pesquisa - CESED under Opinion No 2.804.989.

RESULTS

Upon corpus analysis from the interviews, there were 2,368 occurrences of words, spread in 466 forms, of these 200 active and 260 additional, and the frequency of active forms was 3:49. There was retention of 60% of the corpus, obtaining as a product the word cloud in Figure 1 and the data in Table 1.

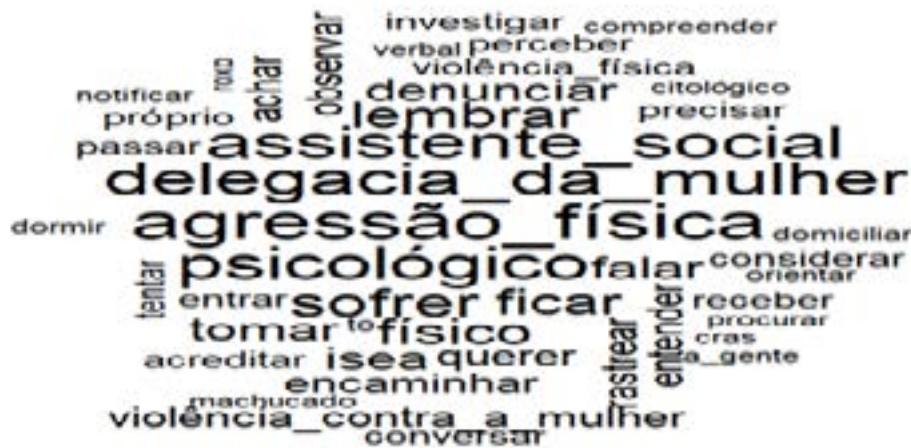


Figure 1 - Word Cloud from the text corpus. Campina Grande, PB, Brazil, 2018

Table 1 - Descending Hierarchical Classification. Campina Grande, PB, Brazil, 2018

Violence Concept (29.3%)	%	p-value
Physical Aggression	20.4	<0.0001
Physical	16.99	<0.0001
Violence against women	13.76	0.0002
Psychological	4.75	0.02
Tracking of Violence Cases (53.7%)	%	p-value
Suffer	21.8	<0.0001
Talk	13.3	0.0002
Woman	11.92	0.0005
Denounce	10.5	0.00019
Talk	5.38	0.02
Referral of Violence Cases (17.1%)	%	p-value

Women's Police Station	34.82	<0.0001
ISEA	27.66	<0.0001
To welcome	15.72	<0.0001
CRAS	15.72	<0.0001
Refer	5.62	0.0172
Trauma	5.62	0.0177

According to the lexical analysis above, it was possible to observe that the words "physical aggression", "women's police station", "social worker", "psychological", "denounce", "remember", "suffer", "physical" were keywords that had great expressiveness in the speeches of the collaborating nurses of this study, which corroborate with the classes of the Descending Hierarchical Classification demonstrated by Table 1.

From the findings and the occurrence of words in each class, three analytical categories were obtained, which received the thematic analysis discussed below: Category 1 - Violence Concept (29.3%); Category 2 - Tracking of violence cases (53.7%); Category 3 - Referral of violence cases (17.1%).

Category 1 - Violence concepts (29.3%)

When questioned about the concept of violence against women, it was possible to observe what the FHS nurses understand as violence against women, by the concept expressed in the following statements:

Not only the fact of the physical aggression itself... But then, verbal aggression, psychological aggression, so anything that comes to hurt a woman not only with physical aggression itself, I understand to be violence against a woman. Violence is physical, verbal and psychological aggression. (E1)

Violence is any form of physical, moral or verbal aggression which that woman goes through. Violence can be verbal, where that person is morally denigrated or ridiculed, or exposed and can also be physical violence itself. (E2)

The nurses' reports express the meaning of VAW generically, diversifying its presentation according to the keywords of Figure 1, from the analysis of the Word Cloud, which presents key terms with greater expressiveness, among which, physical, psychological and moral involvement.

Category 2 - Tracking of violence cases (53.7%)

When the questioning of how the tracking of violence cases against women is performed in the unit, and what are the signs and symptoms observed in the evaluation of the woman that indicate violence, the collaborators list that the nursing consultation of the woman in FHS is a propitious moment for investigation of signs of violence.

There are some, you know, who comes with oppression, that the husband, uh... what I am more used to talking to women is in cytology, so in cytology, sometimes we identify this way, husbands kind of forcing women to have sexual intercourse even without their consent, right? (E3)

It was exactly when I went to do the cytology that I saw that she had a body with some

purple spots, then I started talking and she tried to cover it at the time, then she said that it was nothing, that everything she bumps, she gets one of those, but then when she came to present the exam, she said that it had really been[...]. (E7)

We observe that the moment of cytology is observed as strategic for the tracking of violent situations. The participants also listed that it is at this moment that it is possible to observe shyly some common signs and symptoms in cases of violence.

[...]when the woman comes with stains on her body that do not indicate to be fall-provoked, stains mainly in the same place, then she says it was due to a fall, which is not fall-provoked stains in this case[...]. (E2)

We investigate if there are any problems in the family, those women who arrive very nervous, then we start to investigate if there are any problems in the family, expecting that she speaks, you know, if she is suffering some kind of aggression. (E7)

Hematomas, stains, retraction of the woman in the consultation and nervousness were signs and symptoms listed by the collaborators of the study. In this sense, still on the same guiding issue, it was possible to observe a limited knowledge of the execution of the tracking of violence cases.

To find out, right? In a case like this I usually forward it to the social worker, then the social worker is the one who really refers it to, but I, I... honestly today I don't know, I don't know. (E7)

[...]active search, sometimes a health agent or another who comes, who says, look at that woman there, she suffered, then we call upon the social service and we go along with the social service, but usually we wait more for the demand to come, you know[...]. (E3)

We observed that, in the assistance practice, the nurses delegate to the social worker the cases of violence as well as the lack of active search of new cases in the community.

Category 3 - Referral of violence cases (17.1%)

It was questioned which referral was made by the professional of women victims of violence and which were the points of reference. As a result, the ISEA, CRAS (Reference Center for Social Assistance) and women's police station got more explicit in the speeches, but without solid articulation between them, as observed in the speeches below.

CRAS, you know, the women's health reference center, the ISEA when women, victims of sexual violence, we can identify... uh... and the women's police station. (E2)

The women's police station, the hospital, uh... it is usually the trauma hospital, which is similar to the two cases that we've already taken here and they were referenced to the trauma hospital, and, besides that, I don't know... only the social assistance service here and also the CRAS, the CRAS that has the psychological and social assistance service. (E4)

Since the 1980s, the totality of women's health care in all phases of life ensured by the Federal Constitution and the effective creation of important organs previously non-existent have brought advances and benefits to women in various social sectors. Its importance exists in the commitments undertaken, government obligations and the formulation of public policies at the national, state and municipal levels.

DISCUSSION

VAW is a phenomenon of concern in the health and judicial area since its impacts involve individual and collective damage, changing the morbidity and mortality patterns

of a community, thus requiring the development of actions and policies that meet the completeness of women. It is fundamental that nursing professionals participate as protagonists of these actions and are able to conceptualize violence, identify cases and carry out their due referrals according to the demand brought by women⁽¹²⁾.

In this study, the concept of violence reported by nursing professionals takes into account physical, psychological and social aspects. Similar findings were observed in research developed in Jataí-GO, in which nursing professionals conceptualized violence comprehensively, besides physical or biological complaints, including physical, verbal, psychological, moral and property abuse⁽¹³⁾.

Intervening in the phenomenon of violence pervades its conceptual understanding since it requires the professional to understand its complexity in order to, then, recognize the demand, which may exceed the capacity of resolution in only one service⁽¹²⁾. The nurses understand the need for a full approach to women so that verbal and non-verbal language can be observed, which will be fundamental in identifying violence. The Health Unit is the space in which women seek care and services of prevention and promotion of health, enabling the formation of a bond of respect and trust with professionals⁽¹⁴⁾.

Thus, assistance to women who are victims of violence needs more than the development of technical skills of health professionals, it is necessary to extrapolate the assistance models focused on the disease and to develop actions of humanized care that observe the social character that surrounds the phenomenon of domestic violence⁽¹⁵⁾.

The nursing consultation is the strategic moment to identify situations of violence, in which the professional must use strategies to clarify the situation, in order to draw up an appropriate care plan, respecting the needs of the victim⁽⁴⁾. This moment was also listed by the collaborators of this study as the most appropriate moment to identify cases of VAW.

It is the nurse's responsibility to recognize, during the nursing consultation, signs and symptoms that are directly or indirectly related to violence, such as bruises, burns, bites or skin lesions. The search for the health service by women commonly only happens in more serious situations, so it is up to the health professional to include actions that can identify these situations at an early stage⁽⁷⁾.

Associated to this, the education of nurses at the undergraduate level should include curricular components with approach and reflection on the compromising aspects experienced by women in situations of violence, including knowledge of policies, programs, the Maria da Penha Law and support networks aimed at prevention, combating violence and integral attention. Comprehensive training would provide professional qualification, allowing for the reception and care of these victims, providing throughout the training the construction of scientific knowledge on the subject⁽¹⁶⁾.

This apparent lack of training may justify the outsourcing of duties to the social worker who makes up the health team, such as home visits, qualified listening and other resources usually used to observe and evaluate the context of the life of residents, who can guide and direct care through the information collected⁽¹⁷⁾. The demand for the active search of cases of violence in the community was listed by the nurses as an attribution of the team's social worker.

Waiting for the victim to come to the service to report only increases the risk of injuries and damage caused by the assault. The active search by nurses enables more effective assistance practices, as it is a valuable tool in combating violence, giving it greater visibility and enabling the prevention of the occurrence of new cases⁽¹⁸⁾.

A study conducted in Salvador-BA listed socialization problems among the different support services for women in situations of violence. The services that assist in the handling of this severe condition also act as a point of communication and point out doubts among the professionals involved in the assistance⁽¹²⁾. The research professionals were able to list some victim care services, but without adequate network articulation among them,

showing us in the care network and, then, deficiency in nursing and health care for this public.

The lack of referral of women victims of violence is not only explicit among nursing professionals but extends to others who offer assistance. A survey conducted in the interior of Southwest Bahia pointed out that the interviewees assume that the referral should only be to the women's police station, thus suggesting that the problem of violence is only of the public safety. A small portion refers to the health care network only, suggesting, therefore, that these participants are unaware of the true concept of inter-sectoral divisions⁽¹⁹⁾.

During data collection, most of the professionals sought for the research reported an overload of work at UBS (Health Basic Unit), large demand from patients, internal issues and others were not in the service, making access difficult and making the number of nurses participating in the research small, thus being a limitation of this study.

FINAL CONSIDERATIONS

The study revealed that nursing professionals know important concepts on the topic of violence, but limited from the point of view of referral and tracking its occurrence. The speech of the collaborators shows that there is no tracking of the phenomenon, because they outsource the assignment of an active search for the social service, or wait for the denunciations to reach UBS for decision making, thus demonstrating a lack in the execution of actions of promotion and prevention of the grievance.

It was also observed that some professionals are unaware of most of the referral services for cases of violence that are presented in the unit, or know them in a fragmented manner without the necessary interlocution of the support network, making it difficult to combat the phenomenon and break the violent cycle.

The research clarifies points of weakness in health services that make it difficult to combat violence, as well as the exact understanding of its magnitude as a public health problem. It demonstrates the need for the qualification of the nursing team regarding the adequate tracking and referral of cases in FHS.

It is expected that from this work other studies will be developed, covering other areas of the studied municipality, as well as the elaboration of instruments and flowcharts that help the practice of FHS, in order to offer greater visibility to the causes of violence and make possible the confrontation of this phenomenon, as well as the search for strategies and solutions to the problems raised.

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Received: 22/03/2019

Finalized: 28/02/2020

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Final approval of the version to be published - CMRMS, RQS

Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - RCS